

WEBSTER DENTAL  
BARBARA R. WEBSTER, DDS

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\*Individual refused to sign.

\*Communications barriers prohibited obtaining the acknowledgement.

\*An emergency situation prevented us from obtaining acknowledgement.

\*Other

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